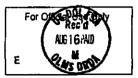
U S: Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8873	2 Fiscal Year Covered From
	1/04/04 Through 12/31/04
3 Name and address of person filing	4 Name file number and address of labor organization
Name Panel J Kare	Name Local 111 IBT
	Labor Organization File Number 005375
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 105 Entiry Ave	Street - 1308 Prence St
city Ocean Grove	City Rahay
State	State ZIP Code + 4 07065
5 Position in labor organization President	
Enter appropriate data below if during the past fiscal year you or your spo (except as specified in the exclination of the excl	derived income or other economic benefit of
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name If any	
PO Box Bidg Room No If any	
,	7 b Amount.
Street	
City	
City	
State ZIP Code + 4	
Sign	ature
15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned s knowledge and belief true correct and complete (See the se	ring documents) has been examined by the signatory and is to the best of the
Signed Daniel Hare	on 6/11/05 732-388-633-6
	Date Telephone Number
Form LM 30 (2003)	Page 1 of 2

Name of Person Filing		File Number U
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or sening or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent or directly to o otherwise	s
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	a Labor Organiza b Trust c Employer	lion
10 If 9 b or 9 c is checked give trust or employer's name Name Morgan Storiley - Chasen Trade Name if any PO Box Bldg Room No if any	11 a Nature of such deals DirineR, 6/24/04	Marhaffan (rill
Street		
City	11 b Approximate dollar valu 12 a Nature of interest held	
State ZIP Code + 4		

13 a Name and address of Employe	r or Labor Relations Consultant	14 a Nature of payment
(including trade name if any)		
Name		
Trade Name if any		
PO Box Bldg Room No If any		
Street		
City		
State	ZIP Code + 4	
13 b Is the Business an Employer	or Consultant ?	14 b Amount of payment